

Fill in this information to identify the case:

Debtor name Eastern Niagara Hospital, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NY

Case number (if known) 1-20-10903-CLB

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration Matrix of Additional Creditors

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/22/20

x

Anne E. McCaffrey
Signature of individual signing on behalf of debtor

Anne E. McCaffrey
Printed name

President & CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Eastern Niagara Hospital, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**Case number (if known) **1-20-10903-CLB**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 5,068,498.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 16,049,244.29
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 21,117,742.29

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 7,426,757.57
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 2,336,344.19
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 37,835,144.65
4. Total liabilities Lines 2 + 3a + 3b	\$ 47,598,246.41

Fill in this information to identify the case:Debtor name Eastern Niagara Hospital, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF NYCase number (if known) 1-20-10903-CLB☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of
debtor's interest****2. Cash on hand****\$1,355.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account
number3.1. Citizens Bank, N.A.General Operations
Account7221\$907,434.003.2. Bank of AmericaHolding Account7071\$6,799.003.3. Citizens Bank, N.A.Board Restricted / ER
Donations Account6037\$624,509.003.4. Citizens Bank, N.A.Gas Account6045\$11,572.003.5. Citizens Bank, N.A.Payroll Account6177\$327,469.003.6. Citizens Bank, N.A.Capital Account5982\$3,102.00

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

3.7.	Cornerstone Community Federal Credit Union	PPP Loan Proceeds	\$5,053,421.00
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4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$6,935,661.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1.	Prepaid - Synergy ZIX Gateway License (7/2018-7/2019)	\$946.00
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8.2.	Prepaid - Forward Advantage (4/2019-4/2020)	\$12,292.00
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8.3.	Prepaid - Forward Advantage (12/2019 - 12/2020)	\$19,625.00
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8.4.	Prepaid - Foward Advantage (8/2019-8/2020)	\$175.00
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8.5.	Prepaid - DrFirst.com Inc. (12/2014-12/2017)	\$17,060.00
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8.6.	Prepaid - DrFirst.com Inc. (4/2019-4/2020)	\$2,917.00
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8.7.	Prepaid - DrFirst.com Inc. (12/2019-12/2020)	\$13,466.00
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8.8.	Prepaid - Dr.First.com Inc. (3/27/2020-3/26/2021)	\$3,307.00
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8.9.	Prepaid - Tri-Delta Resources (4/1/2020-6/30/2020)	\$2,325.00
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Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

8.10	Prepaid - Kronos (8/2019-8/2020)	\$1,012.00
8.11	Prepaid - Hanys - Clintegrity License Fee (10/24/2019-10/23/2020)	\$13,850.00
8.12	Prepaid - Hanys - Clintegrity License Fee EAPG (11/3/2019 - 11/2/2020)	\$3,839.00
8.13	Prepaid - Hanys Sepsis Tool License Fee (1/2020 - 12/2020)	\$774.00
8.14	Prepaid - Abacus Medical (4/2019-4/2020)	\$3,896.00
8.15	Prepaid - Pentax Medical Company (1/2020 - 12/2020) 5 Year Total	\$10,069.00
8.16	Prepaid - ApplicantPro (4/22/2019-4/21/2020)	\$1,784.00
8.17	Prepaid - Intuitive (Robot) (12/28/2019-3/27/2020)	\$12,000.00
8.18	Prepaid - Washington Hunt (2017-2021) Start in January 2017	\$4,750.00
8.19	Prepaid - Pantheon Capital LLC - Lease #1030-09, Last Payment 4/2021	\$13,520.37
8.20	Prepaid - Medical Liability Mutual Insurance (Dr. Khalil) (April 2020-June 2020)	\$829.00
8.21	Prepaid - Medical Liability Mutual Insurance (Dr. Siddiqui) (April 2020-June 2020)	\$727.00
8.22	Prepaid - Medical Liability Mutual Insurance (Dr. Shitteh) (April 2020-June 2020)	\$274.00
8.23	Prepaid - Medical Liability Mutual Insurance (Dr. Hughes) (July 2010-July 2020)	\$571.00

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

8.24	<u>Prepaid - Lawley Service Inc. (Healthcare Package) (4/2020-4/2021)</u>	<u>\$21,167.00</u>
8.25	<u>Prepaid - Lawley Service Inc. (Cyber Liability) (4/2020-4/2021)</u>	<u>\$19,993.00</u>
8.26	<u>Nuance (1/2020 - 4/2020)</u>	<u>\$1,548.00</u>
8.27	<u>TCF National Bank</u>	<u>\$4,335.00</u>
8.28	<u>Tri-Delta Resources</u>	<u>\$4,650.00</u>
8.29	<u>Travelers</u>	<u>\$12,576.00</u>
8.30	<u>University Emergency Medical Services</u>	<u>\$63,333.00</u>
8.31	<u>Pantheon Capital</u>	<u>\$4,750.00</u>
8.32	<u>Arthrex</u>	<u>\$12,244.00</u>
8.33	<u>Unknown</u>	<u>\$2,639.00</u>
8.34	<u>Travelers Insurance (Auto & Property) (10/2019-10/2020)</u>	<u>\$28,548.00</u>
8.35	<u>Travelers Insurance (Inland Marine) (10/2019-10/2020)</u>	<u>\$5,051.00</u>
8.36	<u>Lawley Agency, LLC (Agency Fee - NYSIF) (4/2020-4/2021)</u>	<u>\$22,727.00</u>

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$343,569.37

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 1,653,497.00 - 0.00 = \$1,653,497.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 756,398.00 - 0.00 = \$756,398.00
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,409,895.00

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:			
14.1. LPL Financial Stocks		Statement	\$113,416.00
14.2. Prudential Stock (325 shares)			\$16,946.00
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership		
15.1. ENSO	40 %	Investment	\$80,000.00
15.2. Seagate Alliance	12.42 %	Investment	\$5,000.00
15.3. Majority shareholder of Eastern Niagara Services Organization, LLC	%		Unknown
16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1 Describe:			

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$215,362.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Medical Supplies	12/31/2019	\$1,370,970.00	Recent cost	\$1,370,970.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$1,370,970.00

24. **Is any of the property listed in Part 5 perishable?**

- ☐ No
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☒ Yes. Book value 1,482,152.00 Valuation method FIFO Current Value 1,482,152.00

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	Movable Equipment	\$4,590,079.00	Net Book Value	\$4,590,079.00

40. **Office fixtures**

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$4,590,079.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2018 Dodge Grand Caravan	\$22,306.00	Book Value	\$11,153.00
47.2.	2013 Ford EC350 Van	\$22,306.00	Book Value	\$4,833.00
47.3.	2016 Ford Escape	\$30,917.50	Book Value	\$9,275.25
47.4.	2012 Ford XLT 4WD	\$11,296.00	Book Value	\$1,882.67

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Fixed Equipment, Leasehold Improvements **\$156,564.00** **Book Value** **\$156,564.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$183,707.92

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 521 East Avenue, Lockport, NY (Main Hospital Campus) Tax Map No. 109.42-2-2	Fee simple	\$1,827,000.00	Net Book Value	\$1,827,000.00
55.2. 53 Elizabeth Drive, Lockport, NY Tax Map No. 123.12-1-11	Fee simple	\$59,460.00	Net Book Value	\$59,460.00
55.3. 6037 Ketchum Avenue, Newfane, NY	Fee simple	\$20,389.00	Net Book Value	\$20,389.00
55.4. 2600 William Street, Newfane, NY Tax Map Nos. 38.08-2-50, 38.08-2-51.1, 38.08-2-71, and 38.08-2-73.1	Fee simple	\$280,270.00	Net Book Value	\$280,270.00
55.5. 5875 South Transit, Lockport, NY		\$2,881,379.00	Net Book Value	\$2,881,379.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$5,068,498.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities Travelers Property Casualty Company of America Policy No. P6308N069208TIL19 (property insurance)	Unknown
	Travelers Property Casualty Company of America Policy No. QT6602P458745TIL19 (equipment insurance)	Unknown
	Travelers Indemnity Co. of America Policy No. BA8N084795-19-CAG (business automobile insurance)	Unknown
	PAM Group Policy No. 2019000449629 (Workers' Compensation insurance)	Unknown
	Ace American Insurance Co. Policy No. D94857922 (cyber liability plus insurance)	Unknown
	Allied World Specialty Insurance Policy No. 03113705 (D&O/Employment Practices/Fiduciary/Crime insurance)	Unknown
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76.	Trusts, equitable or future interests in property	
77.	Other property of any kind not already listed <i>Examples: Season tickets, country club membership</i>	
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (If known) **1-20-10903-CLB**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Eastern Niagara Hospital, Inc.
Name

Case number (If known) 1-20-10903-CLB

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$6,935,661.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$343,569.37</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$2,409,895.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$215,362.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,370,970.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$4,590,079.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$183,707.92</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$5,068,498.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$16,049,244.29</u>	+ 91b. <u>\$5,068,498.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$21,117,742.29</u>

Fill in this information to identify the case:Debtor name **Eastern Niagara Hospital, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**Case number (if known) **1-20-10903-CLB**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Ford Credit Creditor's Name Attn: Customer Service Center P.O. Box 542000 Omaha, NE 68154-8000 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2016 Ford Escape Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,657.27 \$9,275.25
2.2	Karl Storz Capital Creditor's Name 1111 Old Eagle School Road Wayne, PA 19087 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Laparoscopy Towers Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$66,157.53 \$120,961.65

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 Mindray DS USA Inc.

Creditor's Name

**1300 MacArthur Boulevard
Mahwah, NJ 07430**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Telemetry Monitors (2 North & ICU)

\$94,951.94

\$130,060.18

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Pantheon Capital LLC

Creditor's Name

**Crossroads Corporate
Center
1 International Boulevard,
Suite 624
Mahwah, NJ 07495**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Miscellaneous Equipment - Lease 1030-08

\$262,452.99

\$748,475.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Pantheon Capital LLC

Creditor's Name

**Crossroads Corporate
Center
1 International Boulevard,
Suite 624
Mahwah, NJ 07495**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Miscellaneous Equipment - Lease 1030-09

\$75,962.15

\$169,427.24

Describe the lien

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.6 **RBS Citizens Bank, N.A.**

Creditor's Name

**n/k/a Citizens Bank, N.A.
3524 West Genesee Street
Syracuse, NY 13219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/13/2013

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No
☒ Yes. Specify each creditor, including this creditor and its relative priority.

**1. RBS Citizens Bank, N.A.
2. RBS Citizens Bank, N.A.**

Describe debtor's property that is subject to a lien

Patients Accounts Receivable

\$3,482,439.16

\$907,434.00

Describe the lien

Mortgage - Pension Loan

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☒ Unliquidated
☐ Disputed

2.7 **RBS Citizens Bank, N.A.**

Creditor's Name

**n/k/a Citizens Bank, N.A.
3524 West Genesee Street
Syracuse, NY 13219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/06/2013

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Patients Accounts Receivable

\$2,628,855.00

\$907,434.00

Describe the lien

Mortgage - Construction Loan

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

☐ No

☒ Yes. Specify each creditor,
including this creditor and its relative
priority.

Specified on line 2.6

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8 RBS Citizens Bank, N.A.

Creditor's Name

**n/k/a Citizens Bank, N.A.
3524 West Genesee Street
Syracuse, NY 13219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/13/2013

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Patients Accounts Receivable

\$316,177.39

\$0.00

Describe the lien

Pension Interest Rate Swap

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9 RBS Citizens Bank, N.A.

Creditor's Name

**n/k/a Citizens Bank, N.A.
3524 West Genesee Street
Syracuse, NY 13219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/06/2013

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Patients Accounts Receivable

\$255,281.59

\$0.00

Describe the lien

Construction Interest Rate Swap

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.1 Siemens Financial
Services, Inc.**

Creditor's Name

**170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Mammomat Inspiration

\$102,865.76

\$106,799.28

Describe the lien

Is the creditor an insider or related party?

☒ No

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

Last 4 digits of account number

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
1

Siemens Financial Services, Inc.

Creditor's Name

**170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Ultrasound Acuson S1000

\$37,410.00

\$29,070.67

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
2

Siemens Financial Services, Inc.

Creditor's Name

**170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Ultrasound S1000

\$26,330.72

\$29,070.67

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

2.1
3 **Siemens Financial
Services, Inc.**

Creditor's Name
**170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien
Ultrasound Acuson S2000

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

\$26,330.72

\$34,554.35

2.1
4 **Siemens Financial
Services, Inc.**

Creditor's Name
**170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien
Ultrasound S2000

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

\$29,602.21

\$32,682.57

2.1
5 **Siemens Financial
Services, Inc.**

Creditor's Name
**170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien
DX Vista 500

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

\$16,283.14

\$76,954.21

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$7,426,757.5
7

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

RBS Citizens Bank, N.A.
n/k/a Citizens Bank, N.A.
Attn: Interest Rate Risk Management
One Citizens Plaza
Providence, RI 02903

Line 2.8

Fill in this information to identify the case:Debtor name **Eastern Niagara Hospital, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**Case number (if known) **1-20-10903-CLB**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Accrued Wages & Benefits c/o Eastern Niagara Hospital 521 East Avenue Lockport, NY 14094	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,236,721.00	\$2,236,721.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Beney, Christopher M.D., P.C. 77 Elizabeth Street Lockport, NY 14094	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,461.50	\$3,461.50
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

2.3 Priority creditor's name and mailing address
Buccilli, Andrea M. M.D.
5 Overlook Park
Lancaster, NY 14086

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,090.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.4 Priority creditor's name and mailing address
Crooks, David M.D.
42 Countryside Lane
Depew, NY 14043

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,500.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.5 Priority creditor's name and mailing address
Deferred Salaries
c/o Eastern Niagara Hospital
521 East Avenue
Lockport, NY 14094

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$46,490.00 **\$46,490.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.6 Priority creditor's name and mailing address
Dey, Manjushree M.D.
734 Davison Road
Lockport, NY 14094

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,700.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

Debtor	Eastern Niagara Hospital, Inc. <small>Name</small>	Case number (if known)	1-20-10903-CLB
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2.7	Priority creditor's name and mailing address Fattouch, Hany M.D. PO Box 785 Buffalo, NY 14226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,166.69	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Fetterman, Charles J. M.D. 6420 Tonawanda Creek Road Lockport, NY 14094	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,090.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Hodge, Robert W. M.D. 8842 Haseley Road Gasport, NY 14067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,400.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Johnson, Eric M.D. 59 West Avenue Brockport, NY 14420	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,300.00	\$3,300.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

2.11	Priority creditor's name and mailing address Lopez, Oscar S. M.D. P.C. 42 Brookshire Court East Amherst, NY 14051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,825.00	\$10,825.00
<hr/>				
Date or dates debt was incurred		Basis for the claim:		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.12	Priority creditor's name and mailing address Nenno, Donald J. II M.D. 468 Delaware Avenue, Suite 200 Buffalo, NY 14202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,800.00	\$6,800.00
<hr/>				
Date or dates debt was incurred		Basis for the claim:		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.13	Priority creditor's name and mailing address Roberto, Craig M.D. #2 Wik Street Buffalo, NY 14221	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,100.00	\$4,100.00
<hr/>				
Date or dates debt was incurred		Basis for the claim:		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.14	Priority creditor's name and mailing address Schratz, Jeffrey M.D. 160 East Avenue Lockport, NY 14094	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,400.00	\$2,400.00
<hr/>				
Date or dates debt was incurred		Basis for the claim:		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

2.15	Priority creditor's name and mailing address Weiler, M.D., Mary 3983 Wilson-Cambria Road Ransomville, NY 14131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$800.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Zinno, Matthew M.D. 5953 Kilarney Manor Clarence Center, NY 14032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00	\$1,500.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 1199 SEIU Regional Pension Fund 2421 Main Street Suite 100 Buffalo, NY 14214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.2	Nonpriority creditor's name and mailing address Aaron Dautch Sternberg & Lawson 43 Court Street 730 Convention Tower Buffalo, NY 14202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,036.00
3.3	Nonpriority creditor's name and mailing address Abbott Laboratories, Inc. 100 Abbott Park Road North Chicago, IL 60064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,800.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.4	Nonpriority creditor's name and mailing address Abbott Nutrition 100 Abbott Park Road North Chicago, IL 60064-6048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address Ability Network Inc. 100 North 6th Street Suite 900A Minneapolis, MN 55403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,573.90
3.6	Nonpriority creditor's name and mailing address ACC Business 400 West Avenue Rochester, NY 14611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Ace Mechanical Services LLC 4568 Bailey Avenue Buffalo, NY 14226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.45
3.8	Nonpriority creditor's name and mailing address Advanced Medical Physics PLLC 840 Aero Drive, Suite 150 Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.9	Nonpriority creditor's name and mailing address Advanced Sterilization Products 33 Technology Drive Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,283.33
3.10	Nonpriority creditor's name and mailing address Advantage Flooring & Tile 2 Wendling Court Lancaster, NY 14086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.11	Nonpriority creditor's name and mailing address Aesculap 3773 Corporate Parkway Center Valley, PA 18034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.96
3.12	Nonpriority creditor's name and mailing address Agility Health Inc. 6625 West 78th Street, Suite 300 Minneapolis, MN 55439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,260.00
3.13	Nonpriority creditor's name and mailing address AHC Media LLC PO Box 74008620 Chicago, IL 60674-8620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,726.00
3.14	Nonpriority creditor's name and mailing address AIV Inc. 7485 Shipley Avenue Harmans, MD 21077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.60
3.15	Nonpriority creditor's name and mailing address Alco Sales & Service 6851 High Grove Boulevard Willowbrook, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.90
3.16	Nonpriority creditor's name and mailing address ALCON Laboratories, Inc. 6201 South Freeway Fort Worth, TX 76134-2099 Date(s) debt was incurred ____ Last 4 digits of account number 0038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,471.50
3.17	Nonpriority creditor's name and mailing address Alere Toxicology Services Inc. 1111 Newton Street Gretna, LA 70053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$853.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.18	Nonpriority creditor's name and mailing address Alimed Inc. 297 High Street Dedham, MA 02026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$717.77
3.19	Nonpriority creditor's name and mailing address All State Fire Equipment of WNY 400 Mineral Springs Road Buffalo, NY 14224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,732.65
3.20	Nonpriority creditor's name and mailing address Allosource 6278 South Troy Circle Centennial, CO 80111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$663.00
3.21	Nonpriority creditor's name and mailing address Alpha Tec Systems Inc. 1311 SE Cardinal Court Suite 170 Vancouver, WA 98683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.47
3.22	Nonpriority creditor's name and mailing address Ambu Inc. 6230 Old Dobbin Lane, Suite 250 Columbia, MD 21045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.70
3.23	Nonpriority creditor's name and mailing address American IV 7485 Shipley Avenue Harmans, MD 21077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address American Red Cross PO Box 33093 Newark, NJ 07188-0093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,808.23

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.25	Nonpriority creditor's name and mailing address AMN Healthcare Inc. 2735 Collection Centre Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,837.50
3.26	Nonpriority creditor's name and mailing address AMO Sales and Service Inc. 1700 East St. Andrew Place Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,790.98
3.27	Nonpriority creditor's name and mailing address Amwins Group Benefits Inc. 50 Whitecap Drive North Kingstown, RI 02852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.28	Nonpriority creditor's name and mailing address AnyBattery Inc. PO Box 312 Rosemount, MN 55068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.29	Nonpriority creditor's name and mailing address Applied Medical 22872 Aventura Impressa Rancho Santa Margarita, CA 92688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,928.00
3.30	Nonpriority creditor's name and mailing address Applied Medical Technologies 8006 Katherine Boulevard Brecksville, OH 44141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$479.11
3.31	Nonpriority creditor's name and mailing address Argon Medical Devices 2600 Dallas Parkway, Suite 400 Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,996.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.32	Nonpriority creditor's name and mailing address Arjo Inc. 2349 West Lake Street Addison, IL 60101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,494.20
3.33	Nonpriority creditor's name and mailing address Armored Access Inc. 4429 Union Road Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.34	Nonpriority creditor's name and mailing address Armstrong Medical Ind. Inc. 575 Knightsbridge Parkway Lincolnshire, IL 60069-0700 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$736.00
3.35	Nonpriority creditor's name and mailing address Arrow International Inc. 2400 Bernville Road Reading, PA 19605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,737.16
3.36	Nonpriority creditor's name and mailing address Arthrex Inc. 1370 Creekside Boulevard Naples, FL 34108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,508.70
3.37	Nonpriority creditor's name and mailing address Ascend Capital 1400 Industrial Way Redwood City, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,088.80
3.38	Nonpriority creditor's name and mailing address ASR Systems Group Inc. 100 Commerce Boulevard PO Box 728 Liverpool, NY 13088-0728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.50

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.39	Nonpriority creditor's name and mailing address AT&T Attn: Legal Department 208 South Akard Street Dallas, TX 75202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.40	Nonpriority creditor's name and mailing address Atlas Health Care Linen Services Co., LL dba Clarus Linen Systems 60 Grider Street Buffalo, NY 14215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,372.00
3.41	Nonpriority creditor's name and mailing address Audiomedtrix Technology 90 Earhart Drive, Suite 2 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$355.00
3.42	Nonpriority creditor's name and mailing address AuditZ LLC 33206 Collection Center Drive Chicago, IL 60693-0331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,613.45
3.43	Nonpriority creditor's name and mailing address Avanos Medical Inc. 5405 Windward Parkway Suite 100 South Alpharetta, GA 30004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$897.72
3.44	Nonpriority creditor's name and mailing address Award Equipment Co. Inc. 1774 Brant Road North Collins, NY 14111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230.85
3.45	Nonpriority creditor's name and mailing address B J Muirhead Co. Inc. 115 Mid County Drive Orchard Park, NY 14127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,129.96

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.46	Nonpriority creditor's name and mailing address Bard Access Systems 605 North 4600 West Salt Lake City, UT 84116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Bard Medical Division 8195 Industrial Boulevard Covington, GA 30014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address Bard Peripheral Vascular (IMPRA) 1625 West 3rd Street Tempe, AZ 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.49	Nonpriority creditor's name and mailing address Barsuk, David 2337 Main Road East Pembroke, NY 14056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.50	Nonpriority creditor's name and mailing address Baxter Healthcare Corp. PO Box 33037 Newark, NJ 07188-0037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,677.42
3.51	Nonpriority creditor's name and mailing address Bayer Healthcare 1 Bayer Drive Indianola, PA 15051-0780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,424.45
3.52	Nonpriority creditor's name and mailing address Beatty Marketing & Sales, Inc. 9345 151st Avenue NE Redmond, WA 98052-3515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.07

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.53	Nonpriority creditor's name and mailing address Beaver Visitec International Inc. 500 Totten Pond Road Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.64
3.54	Nonpriority creditor's name and mailing address Becton Dickinson One Becton Drive Franklin Lakes, NJ 07417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.74
3.55	Nonpriority creditor's name and mailing address Beekley Corporation One Prestige Lane Bristol, CT 06010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,489.50
3.56	Nonpriority creditor's name and mailing address Beney, Christopher M.D. P.C. 77 Elizabeth Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.57	Nonpriority creditor's name and mailing address Benistar 10 Tower Lane Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address Benoit Security Inc. 7736 West Somerset Road Appleton, NY 14008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$484.85
3.59	Nonpriority creditor's name and mailing address Best Buy Government and Education 7601 Penn Avenue S Minneapolis, MN 55423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.60	Nonpriority creditor's name and mailing address BHS Foodservice Solutions 375 Commerce Drive Buffalo, NY 14226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.61	Nonpriority creditor's name and mailing address Bio-Rad Laboratories 9500 Meronimo Road Irvine, CA 92618-2017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,183.21
3.62	Nonpriority creditor's name and mailing address BioServ 10 Gramar Avenue Prospect, CT 06712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,482.50
3.63	Nonpriority creditor's name and mailing address Biotek Services Inc. 5310 South Laburnum Avenue Henrico, VA 23231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.00
3.64	Nonpriority creditor's name and mailing address Blackburn's Specialty Products 301 Corbett Street Tarentum, PA 15084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,982.50
3.65	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of WNY Senior Blue PO Box 644362 Pittsburgh, PA 15264-4362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.66	Nonpriority creditor's name and mailing address Bond, Schoeneck & King PLLC 200 Delaware Avenue, Suite 900 Buffalo, NY 14202-2107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,074.55

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.67	Nonpriority creditor's name and mailing address Boston Scientific Corporation 100 Boston Scientific Way Marlborough, MA 01752 Date(s) debt was incurred ____ Last 4 digits of account number 4638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253,339.68
3.68	Nonpriority creditor's name and mailing address Boulevard Produce 655 Young Street Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.69	Nonpriority creditor's name and mailing address Bracco Diagnostics Inc. 259 Prospect Plains Road, Bldg H Monroe Township, NJ 08831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,816.43
3.70	Nonpriority creditor's name and mailing address Bridgehead Software Inc. 400 West Cummings Park Suite 6050 Woburn, MA 01801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,709.97
3.71	Nonpriority creditor's name and mailing address Brightview Radiology 210 West 101st Street, #10C New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.44
3.72	Nonpriority creditor's name and mailing address BSC Medical 200 Fifth Avenue, Suite 3020 Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.50
3.73	Nonpriority creditor's name and mailing address Buffalo Alarm Inc. 1325 Millersport Highway Suite 109 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.74	Nonpriority creditor's name and mailing address Buffalo Expert Service Tech. 3003 Genesee Street Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$509.49
3.75	Nonpriority creditor's name and mailing address Buffalo Hospital Supply 4039 Genesee Street Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,444.41
3.76	Nonpriority creditor's name and mailing address Buffalo Hotel Supply PO Box 646 Buffalo, NY 14226-0646 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.41
3.77	Nonpriority creditor's name and mailing address Buffalo Pharmacies 1479 Kensington Street Buffalo, NY 14215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,091.00
3.78	Nonpriority creditor's name and mailing address Buffalo Protection & Investigation 603 Division Street, Suite 30 North Tonawanda, NY 14120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,235.00
3.79	Nonpriority creditor's name and mailing address Buffalo Synapse Support LLC 609 Ridge Road Buffalo, NY 14218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,844.00
3.80	Nonpriority creditor's name and mailing address Building Specialties (L&W Supply) 380 Dick Road Depew, NY 14043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.81	Nonpriority creditor's name and mailing address Byrne Dairy, Inc. 2394 U.S. Route 11 La Fayette, NY 13084-0176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.30
3.82	Nonpriority creditor's name and mailing address Cafora's 2885 Main Street Newfane, NY 14108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,315.62
3.83	Nonpriority creditor's name and mailing address Canon Financial Services, Inc. 158 Gaither Drive Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	Nonpriority creditor's name and mailing address CaptureNet 4835 East Cactus Road Suite 430 Scottsdale, AZ 85254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,912.88
3.85	Nonpriority creditor's name and mailing address CardiacDirect 5963 Olivas Park Drive Suite F Ventura, CA 93003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$703.00
3.86	Nonpriority creditor's name and mailing address Cardinal Health PO Box 13862 Newark, NJ 07188-0862 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109,281.65
3.87	Nonpriority creditor's name and mailing address Cardinal Health - Syracuse Division 6012 Molloy Road Syracuse, NY 13211-4864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152,608.84

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.88	Nonpriority creditor's name and mailing address Cardinal Health Optifrieght PO Box 13862 Newark, NJ 07188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,141.65
3.89	Nonpriority creditor's name and mailing address Carestream Health Inc. 150 Verona Street Rochester, NY 14608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,743.10
3.90	Nonpriority creditor's name and mailing address Cash Register Sales Services 2501 Union Road Buffalo, NY 14227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.50
3.91	Nonpriority creditor's name and mailing address CBCS PO Box 2724 Columbus, OH 43216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,854.61
3.92	Nonpriority creditor's name and mailing address CDW Government Inc. 200 N Milwaukee Avenue Vernon Hills, IL 60061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$932.30
3.93	Nonpriority creditor's name and mailing address Change Healthcare Technology 5994 Windward Parkway Alpharetta, GA 30005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,208.50
3.94	Nonpriority creditor's name and mailing address Chem-Aqua PO Box 152170 Irving, TX 75015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,854.46

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.95	Nonpriority creditor's name and mailing address Choice Spine 400 Erin Drive Knoxville, TN 37919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,700.00
3.96	Nonpriority creditor's name and mailing address Cicero Consulting Associates 925 Westchester Avenue, Suite 201 White Plains, NY 10604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,863.77
3.97	Nonpriority creditor's name and mailing address Cincinnati Sub Zero 12011 Mosteller Road Cincinnati, OH 45241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,263.50
3.98	Nonpriority creditor's name and mailing address City of Lockport Treasurer One Locks Plaza Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.99	Nonpriority creditor's name and mailing address Clark Patterson Lee 205 St. Paul Street, Suite 500 Rochester, NY 14604 Date(s) debt was incurred ____ Last 4 digits of account number 3088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304,275.76
3.100	Nonpriority creditor's name and mailing address Clean Textiles Systems LP 40 51st Street Pittsburgh, PA 15201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,058.45
3.101	Nonpriority creditor's name and mailing address Clerk, M.D., Harnath 2610 Williams Street Newfane, NY 14108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.102	Nonpriority creditor's name and mailing address Clinical Equipment Services CNY 8417 Oswego Road Baldwinsville, NY 13027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,954.00
3.103	Nonpriority creditor's name and mailing address Community Computer Service Inc. 15 Hulbert Street Auburn, NY 13021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,635.50
3.104	Nonpriority creditor's name and mailing address Conjerti Moving Co LLC 4536 Kayner Road Gasport, NY 14067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,322.50
3.105	Nonpriority creditor's name and mailing address Conmed Corporation 525 French Road Utica, NY 13502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,841.88
3.106	Nonpriority creditor's name and mailing address Connect Life 4444 Bryant and Stratton Way Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,145.30
3.107	Nonpriority creditor's name and mailing address Cook Medical Incorporated 750 North Daniels Way Bloomington, IN 47404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,351.71
3.108	Nonpriority creditor's name and mailing address Coopersurgical 95 Corporate Drive Trumbull, CT 06611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.39

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.109	Nonpriority creditor's name and mailing address Core Sound Imaging Inc. 7000 Six Forks Road Suite 102 Raleigh, NC 27615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,739.02
3.110	Nonpriority creditor's name and mailing address Cornerstone Community FCU 6485 South Transit Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number 8000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,853,436.00
3.111	Nonpriority creditor's name and mailing address Covidien LP Attn: Debra M. Ford 15 Hampshire Street Mansfield, MA 02048 Date(s) debt was incurred ____ Last 4 digits of account number 9916	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,719.64
3.112	Nonpriority creditor's name and mailing address CR Bard 8195 Industrial Boulevard Covington, GA 30014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,473.88
3.113	Nonpriority creditor's name and mailing address CR Bard 100 Crossings Boulevard Warwick, RI 02886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,414.89
3.114	Nonpriority creditor's name and mailing address CR Bard 605 North 5600 West Salt Lake City, UT 84116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.00
3.115	Nonpriority creditor's name and mailing address CR Bard 1415 West 3rd Street Tempe, AZ 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,657.05

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.116	Nonpriority creditor's name and mailing address CRS Nuclear Services LLC 840 Aero Drive, Suite 150 Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number 1025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,133.40
3.117	Nonpriority creditor's name and mailing address Crystal Rock 6750 Discovery Boulevard Mableton, GA 30126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.48
3.118	Nonpriority creditor's name and mailing address Culligan Water Conditioning 31 Lewis Road Akron, NY 14001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492.50
3.119	Nonpriority creditor's name and mailing address Cummins Northeast 700 Aero Drive Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,975.12
3.120	Nonpriority creditor's name and mailing address Davis-Ulmer Sprinkler Co. Attn: Dennis Metz One Commerce Drive Buffalo, NY 14228-2395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,164.06
3.121	Nonpriority creditor's name and mailing address Davol 100 Crossings Boulevard Warwick, RI 02886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.122	Nonpriority creditor's name and mailing address DB Pension Plan c/o Eastern Niagara Hospital 521 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,202,691.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.123	Nonpriority creditor's name and mailing address De Soutter Medical USA Inc. 224 Rolling Hill Road Suite 12A Moorestville, NC 28117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.50
3.124	Nonpriority creditor's name and mailing address Depuy Inc. 5972 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,269.00
3.125	Nonpriority creditor's name and mailing address Dex Media 2200 West Airfield Drive Dallas, TX 75261 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.46
3.126	Nonpriority creditor's name and mailing address Diagnostic Solutions 11343 Bloom Road Garrettsville, OH 44231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.57
3.127	Nonpriority creditor's name and mailing address Diamond Healthcare Communications 231318 Momentum Place Chicago, IL 60689-5311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,119.87
3.128	Nonpriority creditor's name and mailing address Direct Energy Business Attn: Customer Relations 1001 Liberty Avenue Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129	Nonpriority creditor's name and mailing address Diversatek Healthcare Inc. 102 East Keefe Avenue Milwaukee, WI 53212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.130	Nonpriority creditor's name and mailing address Diversified Services 2900 Delaware Avenue Buffalo, NY 14217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,383.75
3.131	Nonpriority creditor's name and mailing address Dobmeier Janitor Supply Inc. 354 Englewood Avenue Buffalo, NY 14223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,176.24
3.132	Nonpriority creditor's name and mailing address Draeger Inc. 3135 Quarry Road Telford, PA 18969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,371.48
3.133	Nonpriority creditor's name and mailing address DrFirst.com Inc. 9420 Key West Avenue Suite 230 Rockville, MD 20850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,875.00
3.134	Nonpriority creditor's name and mailing address Dutch Ophthalmic USA 10 Continental Drive Bldg 1 Exeter, NH 03833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,987.81
3.135	Nonpriority creditor's name and mailing address E&L Repair 5998 Walnut Street Newfane, NY 14108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.16
3.136	Nonpriority creditor's name and mailing address Eastern Great Lakes Pathology 20 Northpointe Parkway, Suite 100 Buffalo, NY 14228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,833.34

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.137	Nonpriority creditor's name and mailing address Eastern Niagara Hospital Inc. Petty Cash 521 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138	Nonpriority creditor's name and mailing address Eastern Niagara Medical Group PC 534 Main Street Medina, NY 14103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,188.89
3.139	Nonpriority creditor's name and mailing address Eastern Niagara Svcs Organization 5875 Transit Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,727.24
3.140	Nonpriority creditor's name and mailing address Eastern Vacuum and Compressor Svcs 4500 Middle Cheshire Boulevard Canandaigua, NY 14424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.04
3.141	Nonpriority creditor's name and mailing address Ecolab HCS/Microtek Medical PO Box 911633 Dallas, TX 75391-1633 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.62
3.142	Nonpriority creditor's name and mailing address EcoLab Institutional 1 Ecolab Place Saint Paul, MN 55102-2233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$973.56
3.143	Nonpriority creditor's name and mailing address Ehrlich Co. Inc. 505 Duke Road, Suite 300 Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,996.34

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.144	Nonpriority creditor's name and mailing address EM Cahill Company Inc. 519 South Wilber Avenue Syracuse, NY 13204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.95
3.145	Nonpriority creditor's name and mailing address EMC Corporation 176 South Street Hopkinton, MA 01748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.146	Nonpriority creditor's name and mailing address EMSL Analytical Inc. 200 Route 130 North Cinnaminson, NJ 08077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
3.147	Nonpriority creditor's name and mailing address Engage It 1801 Lind Avenue SW Renton, WA 98057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,050.00
3.148	Nonpriority creditor's name and mailing address Environmental Services Group (NY) 177 Wales Avenue Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$554.25
3.149	Nonpriority creditor's name and mailing address Erie County Medical Center 462 Grider Street Buffalo, NY 14215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,478.08
3.150	Nonpriority creditor's name and mailing address ESCAN 33206 Collection Center Drive Chicago, IL 60693-0331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.151	Nonpriority creditor's name and mailing address Esolutions WS#165 PO Box 414378 Kansas City, MO 64141-4378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.152	Nonpriority creditor's name and mailing address Evans Bank, N.A. 1 Grimsby Drive Hamburg, NY 14075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153	Nonpriority creditor's name and mailing address Evoqua Water Technologies LLC Attn: Legal Department 210 Sixth Avenue, Suite 3300 Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,565.61
3.154	Nonpriority creditor's name and mailing address Federal Express Co. 2352 Delaware Avenue Buffalo, NY 14216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.85
3.155	Nonpriority creditor's name and mailing address FFF Enterprises 44000 Winchester Road Temecula, CA 92590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,044.45
3.156	Nonpriority creditor's name and mailing address Fibertech Medical USA LLC 1533 Monument Street Concord, MA 01742-5325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,062.00
3.157	Nonpriority creditor's name and mailing address Fisher Healthcare 4500 Turnberry Drive Hanover Park, IL 60133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,255.84

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.158	Nonpriority creditor's name and mailing address Flaschner, M.D., Steven 770 Davison Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$520.00
3.159	Nonpriority creditor's name and mailing address Flex Operating Room LLC 1175 Pittsford Victor Road Suite 140 Pittsford, NY 14534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.160	Nonpriority creditor's name and mailing address Flint Brothers 2769 Main Street Newfane, NY 14108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.99
3.161	Nonpriority creditor's name and mailing address Fortec Litho NY, LLC 6245 Hudson Crossing Parkway Hudson, OH 44236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,889.00
3.162	Nonpriority creditor's name and mailing address Fresenius Kabi LLC 25476 Network Place Chicago, IL 60673-1254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.47
3.163	Nonpriority creditor's name and mailing address Fresenius USA Marketing Inc. 920 Winter Street Waltham, MA 02451-1457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,888.53
3.164	Nonpriority creditor's name and mailing address Freudenberg Medical LLC 1110 Mark Avenue Carpinteria, CA 93013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.165	Nonpriority creditor's name and mailing address FTS Management Inc. 7475 N Clare Avenue PO Box 800 Harrison, MI 48625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,420.00
3.166	Nonpriority creditor's name and mailing address Garfunkel Wild PLC 111 Great Neck Road Great Neck, NY 11021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,596.74
3.167	Nonpriority creditor's name and mailing address GE Precision Healthcare LLC 3000 North Grandview Boulevard Waukesha, WI 53188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,749.26
3.168	Nonpriority creditor's name and mailing address Gerster Trane (Trane USA Inc.) 45 Earhart Drive Suite 103 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,150.80
3.169	Nonpriority creditor's name and mailing address Getinge USA Sales LLC 45 Barbour Pond Drive Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$665.39
3.170	Nonpriority creditor's name and mailing address GI Supply 5069 Ritter Road, Suite 104 Mechanicsburg, PA 17055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.00
3.171	Nonpriority creditor's name and mailing address Gorenflo's Buffalo Wholesale Lock 1349 Main Street Buffalo, NY 14209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,512.49

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.172	Nonpriority creditor's name and mailing address Grainger Inc. 50 McKesson Parkway Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,307.54
3.173	Nonpriority creditor's name and mailing address Great Lakes Medical Imaging LLC 199 Park Club Lane, Suite 300 Williamsville, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,004.94
3.174	Nonpriority creditor's name and mailing address Great Lakes Surgical Inc. 14200 W Greenfield Avenue Brookfield, WI 53005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.175	Nonpriority creditor's name and mailing address Guardian 10 Hudson Yards New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.176	Nonpriority creditor's name and mailing address Hardy Diagnostics 1430 W McCoy Lane Santa Maria, CA 93455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$491.25
3.177	Nonpriority creditor's name and mailing address Haroon, M.D., Muneeb 822 Davison Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.178	Nonpriority creditor's name and mailing address Harris Beach PLLC 99 Garnsey Road Pittsford, NY 14534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.179	Nonpriority creditor's name and mailing address Health Care Logistics, Inc. PO Box 25 Circleville, OH 43113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
3.180	Nonpriority creditor's name and mailing address Health Care Technology 200 Butterfield Drive Ashland, MA 01721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.88
3.181	Nonpriority creditor's name and mailing address Health Facility Assessment Fund PO Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,540.00
3.182	Nonpriority creditor's name and mailing address Health System Services 6867 Williams Road Niagara Falls, NY 14304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.183	Nonpriority creditor's name and mailing address Healthcare Association NYS Inc. PO Box 5535 GPO New York, NY 10087-5535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,509.43
3.184	Nonpriority creditor's name and mailing address Healthmark Industries 18600 Malyn Boulevard Burlington, MA 01803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.90
3.185	Nonpriority creditor's name and mailing address Herschell, Suzanne dba Herschell Medical Transcription Svc 338 Brooksboro Drive Webster, NY 14580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$834.17

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.186	Nonpriority creditor's name and mailing address Hologic Limited Partnership 250 Campus Drive Marlborough, MA 01752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,562.00
3.187	Nonpriority creditor's name and mailing address Home Depot Credit Services 250 Campus Drive Marlborough, MA 01752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.79
3.188	Nonpriority creditor's name and mailing address Hoot LLC 54 Bridlewood Drive Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,242.56
3.189	Nonpriority creditor's name and mailing address Hovertech 4482 Innovation Way Allentown, PA 18109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$743.00
3.190	Nonpriority creditor's name and mailing address Howard P. Schultz & Associates 4 Centre Drive Orchard Park, NY 14127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.191	Nonpriority creditor's name and mailing address HSBC Business Solutions PO Box 5229 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.192	Nonpriority creditor's name and mailing address ICAD Inc. 98 Spitbrook Road Suite 100 Nashua, NH 03062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.193	Nonpriority creditor's name and mailing address Immucor Inc. 3130 Gateway Drive Norcross, GA 30091-5625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,848.72
3.194	Nonpriority creditor's name and mailing address Imperial Door Controls Inc. 85 Oriskany Drive Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,744.00
3.195	Nonpriority creditor's name and mailing address Independent Health Association Dept 264 PO Box 8000 Buffalo, NY 14267-0002 Date(s) debt was incurred ____ Last 4 digits of account number 0557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196	Nonpriority creditor's name and mailing address Infusystem 11130 Strang Line Road Lenexa, KS 66215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,590.00
3.197	Nonpriority creditor's name and mailing address Inhealth Technologies 1110 Mark Avenue Carpinteria, CA 93013-2918 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.198	Nonpriority creditor's name and mailing address Inland Northwest Health Services Inc. 601 West 1st Avenue Spokane, WA 99201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199	Nonpriority creditor's name and mailing address Innovative Blood Resources CB-0008, PO Box 1164 Minneapolis, MN 55480-1164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,293.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.200	Nonpriority creditor's name and mailing address Integra Lifesciences Corp 311 Enterprise Drive Plainsboro, NJ 08536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,354.68
3.201	Nonpriority creditor's name and mailing address Interface People 2274 Rockbrook Drive Lewisville, TX 75067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,900.00
3.202	Nonpriority creditor's name and mailing address Interstate All Battery Center 7808 Transit Road Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,888.68
3.203	Nonpriority creditor's name and mailing address Intuitive Surgical Inc. 1266 Kifer Road Sunnyvale, CA 94086-5206 Date(s) debt was incurred ____ Last 4 digits of account number <u>2004</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,588.95
3.204	Nonpriority creditor's name and mailing address Island Fox Inc. dba Health Wear of WNY 3 Pequet Parkway Tonawanda, NY 14150-2413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,043.63
3.205	Nonpriority creditor's name and mailing address J & J Health Care Systems 425 Hoes Lane Piscataway, NJ 08855-6800 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,090.07
3.206	Nonpriority creditor's name and mailing address J.H. Dodman Meat Co. 116 Michigan Avenue Buffalo, NY 14204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,836.63

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.207	Nonpriority creditor's name and mailing address J.J. Keller & Associates Inc. PO Box 6609 Carol Stream, IL 60197-6609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.95
3.208	Nonpriority creditor's name and mailing address Jacob Kern and Sons Inc. 56 Nicholls Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$526.17
3.209	Nonpriority creditor's name and mailing address Jehrio, M.D. P.C., Gregory T. 52 Bonner Drive Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.210	Nonpriority creditor's name and mailing address John W. Danforth Co. 300 Colvin Woods Parkway Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,545.00
3.211	Nonpriority creditor's name and mailing address Johnston Paper Co. Inc. 2 Eagle Drive Auburn, NY 13021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,550.85
3.212	Nonpriority creditor's name and mailing address Joseph Glickman & Associates 94 Broadmoor Drive Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$909.00
3.213	Nonpriority creditor's name and mailing address Kaleida Health Dept of Finance 726 Exchange Street Suite 200 Buffalo, NY 14210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286,656.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.214	Nonpriority creditor's name and mailing address Kaleida Health Patient 726 Exchange Street, Suite 300 Buffalo, NY 14210 Date(s) debt was incurred ____ Last 4 digits of account number 0751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208,561.68
3.215	Nonpriority creditor's name and mailing address Karl Storz Endoscopy American 91 Carpenter Hill Road Charlton, MA 01507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,074.75
3.216	Nonpriority creditor's name and mailing address KCI USA PO Box 301557 Dallas, TX 75303-1557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,008.34
3.217	Nonpriority creditor's name and mailing address Keystone Medical Services NY, PC Crescent Center 6075 Poplar Avenue, Suite 401 Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number 0538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220,368.20
3.218	Nonpriority creditor's name and mailing address Kirwan Surgical 180 Enterprise Drive Marshfield, MA 02050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394.50
3.219	Nonpriority creditor's name and mailing address Koester Associates Inc. 3101 Seneca Turnpike Canastota, NY 13032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,555.45
3.220	Nonpriority creditor's name and mailing address Korff Electric, Inc. 60 Market Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.47

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.221	Nonpriority creditor's name and mailing address L&W Supply Corporation 380 Dick Road Depew, NY 14043-1817 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$605.30
3.222	Nonpriority creditor's name and mailing address Laboratory Corp America Holdings PO Box 12140 Burlington, NC 27216-2140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,256.90
3.223	Nonpriority creditor's name and mailing address Language Services Associates 455 Business Center Drive Suite 100 Horsham, PA 19044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.26
3.224	Nonpriority creditor's name and mailing address Laser Solutions 6700 Lincoln Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,163.00
3.225	Nonpriority creditor's name and mailing address Latina Boulevard Foods, LLC 1 Scrivner Drive Buffalo, NY 14227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,007.31
3.226	Nonpriority creditor's name and mailing address Lawns Unlimited Landscaping 2344 Hess Road Appleton, NY 14008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,593.92
3.227	Nonpriority creditor's name and mailing address Life Gas 10 Arrowhead Lane Cohoes, NY 12047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.228	Nonpriority creditor's name and mailing address Life Instrument Corporation 91 French Avenue Braintree, MA 02184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.61
3.229	Nonpriority creditor's name and mailing address Lifenet Health 385 North French Road, Suite 100 Buffalo, NY 14228-2032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,665.82
3.230	Nonpriority creditor's name and mailing address Linde LLC dba Linde Gas North America 200 Somerset Boulevard Bridgewater, NJ 08807-2862 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,398.63
3.231	Nonpriority creditor's name and mailing address Lineage 385 North French Road Buffalo, NY 14228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.23
3.232	Nonpriority creditor's name and mailing address Linstar Inc. 430 Lawrence Bell Drive Buffalo, NY 14221-7085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.84
3.233	Nonpriority creditor's name and mailing address Localedge 1945 Sheridan Drive Buffalo, NY 14223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,680.00
3.234	Nonpriority creditor's name and mailing address Lockport Journal 135 Main Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.28

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.235	Nonpriority creditor's name and mailing address Lopez, Philip M.D. / MRO Express 3501 SW 185th Avenue Hollywood, FL 33029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
3.236	Nonpriority creditor's name and mailing address LSA Video Inc. 455 Business Center Drive Suite 100 Horsham, PA 19044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.237	Nonpriority creditor's name and mailing address M Carter Decor / Abbey Carpet 360 West Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.00
3.238	Nonpriority creditor's name and mailing address Macro Helix LLC PO Box 742256 Atlanta, GA 30374-2256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,889.57
3.239	Nonpriority creditor's name and mailing address Mader Construction 970 Bullis Road PO Box 420 Elma, NY 14059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,769.00
3.240	Nonpriority creditor's name and mailing address Mainline Medical, Inc. 2710 Northridge Drive NW Suite B Grand Rapids, MI 49544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
3.241	Nonpriority creditor's name and mailing address Mar Cor Purification 4450 Township Line Road PO Box 1429 Skippack, PA 19474-1429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,137.81

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.242	Nonpriority creditor's name and mailing address Marketlab Inc. 6850 Southbelt Drive SE Caledonia, MI 49316-7680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,024.90
3.243	Nonpriority creditor's name and mailing address Masimo 40 Parker Irvine, CA 92618-1604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,794.00
3.244	Nonpriority creditor's name and mailing address MaxMD 2200 Fletcher Avenue, Suite 506 Fort Lee, NJ 07024-5063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,555.00
3.245	Nonpriority creditor's name and mailing address McKesson Medical-Surgical Inc. 9954 Mayland Drive, Suite 4000 Henrico, VA 23228-1484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,017.22
3.246	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co. PO Box 94930 Cleveland, OH 44101-4930 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374.05
3.247	Nonpriority creditor's name and mailing address Med-Label 4 Briarhurst Drive Flanders, NJ 07836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.00
3.248	Nonpriority creditor's name and mailing address Medcom Solutions Inc. 1010 Ohio River Boulevard Suite 200 Pittsburgh, PA 15202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,548.84

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.249	Nonpriority creditor's name and mailing address Medi-Dose Inc. 70 Industrial Drive Warminster, PA 18974 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,104.37
3.250	Nonpriority creditor's name and mailing address Media Displays Inc. 109 S Main Street, Box 434 Harrisville, PA 16038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,196.00
3.251	Nonpriority creditor's name and mailing address Medical Information Technology, Inc. 1 Meditech Circle Westwood, MA 02090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,348.00
3.252	Nonpriority creditor's name and mailing address Medical Liability Mutual 8 British American Boulevard Latham, NY 12110-1415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$566.00
3.253	Nonpriority creditor's name and mailing address Medivators Incorporated 14605 28th Avenue North Minneapolis, MN 55447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,036.46
3.254	Nonpriority creditor's name and mailing address Medline Industries Inc. One Medline Place Mundelein, IL 60060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,932.06
3.255	Nonpriority creditor's name and mailing address Medtox Laboratories Inc. 402 West Country Road D Saint Paul, MN 55112-3597 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,199.54

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.256	Nonpriority creditor's name and mailing address Medtronic 710 Medtronic Parkway Minneapolis, MN 55432-5604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,800.00
3.257	Nonpriority creditor's name and mailing address Memorial Blood Centers 737 Pelham Boulevard Saint Paul, MN 55114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.258	Nonpriority creditor's name and mailing address Mercy Flight Inc. PO Box 535 Baldwinsville, NY 13027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,688.75
3.259	Nonpriority creditor's name and mailing address Merit Medical Systems Inc. 1600 West Merit Parkway South Jordan, UT 84095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,632.45
3.260	Nonpriority creditor's name and mailing address Merry X-Ray Inc. 8020 Tyler Boulevard Mentor, OH 44060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,549.14
3.261	Nonpriority creditor's name and mailing address Messer North America 200 Somerset Corporate Boulevard Suite 7000 Bridgewater, NJ 08807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,971.18
3.262	Nonpriority creditor's name and mailing address Metrodata Inc. 403 Main Street, Suite 624 Buffalo, NY 14203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,406.50

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.263	Nonpriority creditor's name and mailing address Micro Focus Software Inc. PO Box 641025 Pittsburgh, PA 15264-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,135.10
3.264	Nonpriority creditor's name and mailing address Micro-Aire 2400 Austin Drive Charlottesville, VA 22911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
3.265	Nonpriority creditor's name and mailing address Microsurgical Technology 8415 154 Avenue NE Redmond, WA 98052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,219.00
3.266	Nonpriority creditor's name and mailing address Microtek Medical Inc. PO Box 2487 Columbus, MS 39704-2487 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.267	Nonpriority creditor's name and mailing address Midland States Bank 7700 Bonhomme Avenue, Suite 300 Saint Louis, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address Midstate Bakery Distributors, Inc. PO Box 23354 Rochester, NY 14692 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,251.82
3.269	Nonpriority creditor's name and mailing address Milligray & Associates 2141 Williston Heights Marilla, NY 14102-9717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,106.25

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.270	Nonpriority creditor's name and mailing address Mindray Capital PO Box 24245 Seattle, WA 98124-0245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,538.24
3.271	Nonpriority creditor's name and mailing address Mindray DS USA Inc. 1300 MacArthur Boulevard Mahwah, NJ 07430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,377.22
3.272	Nonpriority creditor's name and mailing address Mirion Technologies Inc. PO Box 19536 Irvine, CA 92623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$813.50
3.273	Nonpriority creditor's name and mailing address Misonix Inc. 1938 New Highway Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,760.00
3.274	Nonpriority creditor's name and mailing address MJ Mechanical Services, Inc. 95 Pirson Parkway Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,629.50
3.275	Nonpriority creditor's name and mailing address Mobile Digital Imaging 2795 Genesee Street Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.276	Nonpriority creditor's name and mailing address Modern Disposal Services, Inc. PO Box 209 Model City, NY 14107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,918.94

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.277	Nonpriority creditor's name and mailing address Mohawk Hospital Equipment Inc. 335 Columbia Street Utica, NY 13503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,958.26
3.278	Nonpriority creditor's name and mailing address Montondo's Seafood Inc. 201 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,749.21
3.279	Nonpriority creditor's name and mailing address Mortan Inc. PO Box 8719 Missoula, MT 59807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.75
3.280	Nonpriority creditor's name and mailing address Murphy TV & Appliances 6300 South Transit Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
3.281	Nonpriority creditor's name and mailing address Musculoskeletal Transplant Foundation 125 May Street, Suite 300 Edison, NJ 08837 Date(s) debt was incurred ____ Last 4 digits of account number 4950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$467,480.00
3.282	Nonpriority creditor's name and mailing address MYCO Instrumentation Inc. 21507 State Route 410E Suite B Bonney Lake, WA 98391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00
3.283	Nonpriority creditor's name and mailing address National Grid PO Box 11742 Newark, NJ 07101-4742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.284	Nonpriority creditor's name and mailing address NCB Medical Coding Specialists Inc. 8975 Main Street Clarence, NY 14031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,418.14
3.285	Nonpriority creditor's name and mailing address New England Medical Specialists PO Box 329 354 Old Whitfield Street Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,887.50
3.286	Nonpriority creditor's name and mailing address New York State Electric & Gas Corp. Attn: Legal Department 18 Link Drive Binghamton, NY 13904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address Newcomer Supply 2505 Parview Road Hayesville, IA 52562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.41
3.288	Nonpriority creditor's name and mailing address Niagara Falls Memorial Med Centre 621 Tenth Street Niagara Falls, NY 14302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,062.50
3.289	Nonpriority creditor's name and mailing address Niagara Frontier Equipment Sales 4060 Lake Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.54
3.290	Nonpriority creditor's name and mailing address Niagara Gazette 473 Third Street Niagara Falls, NY 14301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,203.60

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.291	Nonpriority creditor's name and mailing address Northwest PO Box 6818 Carol Stream, IL 60197-6818 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,726.56
3.292	Nonpriority creditor's name and mailing address Nuance Communications One Wayside Drive Burlington, MA 01803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,690.60
3.293	Nonpriority creditor's name and mailing address NY Imaging 1 D'Alfonso Road Newburgh, NY 12550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,051.88
3.294	Nonpriority creditor's name and mailing address NYS Unemployment Insurance PO Box 4301 Binghamton, NY 13902-4301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295	Nonpriority creditor's name and mailing address Ohio Medical Corporation 1111 Lakeside Drive Gurnee, IL 60031-4099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,380.00
3.296	Nonpriority creditor's name and mailing address Olympus America Inc. Attn: Legal Department 350 Corporate Parkway Center Valley, PA 18034-0610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,484.02
3.297	Nonpriority creditor's name and mailing address Omniceil Inc. 509 East Middlefield Road Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,192.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.298	Nonpriority creditor's name and mailing address Optum360/UHC 11000 Optum Circle Eden Prairie, MN 55344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,888.77
3.299	Nonpriority creditor's name and mailing address Organogenesis Inc. 150 Dan Road Canton, MA 02021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,750.00
3.300	Nonpriority creditor's name and mailing address Ortho Clinical Diagnostic 100 Inigo Creek Rochester, NY 14626-0871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,813.50
3.301	Nonpriority creditor's name and mailing address Ozark Biomedical, LLC 1001 Commerce Place Beebe, AR 72012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$603.59
3.302	Nonpriority creditor's name and mailing address Pacific Medical Supply Attn: Accounts Receivable 212 Avenida Fabricante San Clemente, CA 92672 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,599.97
3.303	Nonpriority creditor's name and mailing address Pal, Amandeep M.D. 210 Golden Pheasant Drive Getzville, NY 14068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.60
3.304	Nonpriority creditor's name and mailing address Pandion Optimization Alliance 3445 Winton Place, Suite 222 Rochester, NY 14623-2950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,943.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.305	Nonpriority creditor's name and mailing address Paper Direct, Inc. 4875 White Bear Parkway Saint Paul, MN 55110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$290.55
3.306	Nonpriority creditor's name and mailing address Paradigm Spine LLC 505 Park Avenue, 14th Floor New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number 2616	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120,750.00
3.307	Nonpriority creditor's name and mailing address Partssource, LLC 777 Lena Drive Aurora, OH 44202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,385.70
3.308	Nonpriority creditor's name and mailing address Patterson Medical n/k/a Performance Health Supply, Inc. 28100 Torch Parkway, Suite 700 Warrenville, IL 60555-3938 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.309	Nonpriority creditor's name and mailing address PC Connection Inc. 730 Milford Road Merrimack, NH 03054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.52
3.310	Nonpriority creditor's name and mailing address Pediatric Cardiology Assoc. of WNY 936 Delaware Avenue, Suite 100 Buffalo, NY 14209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.00
3.311	Nonpriority creditor's name and mailing address Pentax Medical Company 3 Paragon Drive Montvale, NJ 07645 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.312	Nonpriority creditor's name and mailing address Pepsi-Cola Company 700 Anderson Hill Road Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,555.62
3.313	Nonpriority creditor's name and mailing address Performance Health 28100 Torch Parkway, Suite 700 Warrenville, IL 60555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.95
3.314	Nonpriority creditor's name and mailing address Pfizer Inc. PO Box 417510 Boston, MA 02241-7510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.92
3.315	Nonpriority creditor's name and mailing address PFM Medical Inc. 1916 Palomar Oaks Way Suite 150 Carlsbad, CA 92008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,084.00
3.316	Nonpriority creditor's name and mailing address Philips Healthcare 3000 Minuteman Road, MS0400 Andover, MA 01810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,018.08
3.317	Nonpriority creditor's name and mailing address Physician's Record Co. 3000 S Ridgeland Avenue Berwyn, IL 60402-7000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.318	Nonpriority creditor's name and mailing address Plumb-Master, Inc. 51 Lacrue Avenue Glen Mills, PA 19342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925.10

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.319	Nonpriority creditor's name and mailing address PMAIC 380 Sentry Parkway PO Box 3031 Blue Bell, PA 19422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689,092.00
3.320	Nonpriority creditor's name and mailing address PNCEF, LLC dba PNC Equipment Finance 995 dalton Avenue Cincinnati, OH 45203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.321	Nonpriority creditor's name and mailing address Pooley Inc. 196 Vulcan Street Buffalo, NY 14207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.28
3.322	Nonpriority creditor's name and mailing address Posey Company 5635 Peck Road Arcadia, CA 91006-0020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.08
3.323	Nonpriority creditor's name and mailing address Povinelli Cutlery 3810 Union Road Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.50
3.324	Nonpriority creditor's name and mailing address Precision Dynamics Corporation 27770 N Entertainment Drive Suite 200 Valencia, CA 91355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,119.79
3.325	Nonpriority creditor's name and mailing address Press, Ganey Associates, Inc. Box 88335 Milwaukee, WI 53288-0335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,306.05

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.326	Nonpriority creditor's name and mailing address Psychemedics Corporation PO Box 4163 Woburn, MA 01888-4163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.50
3.327	Nonpriority creditor's name and mailing address Public Goods Pool PO Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,771.00
3.328	Nonpriority creditor's name and mailing address Public Goods Pool PO Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,836.00
3.329	Nonpriority creditor's name and mailing address Quality Plus Inc. 60 Lawrence Bell Drive Buffalo, NY 14221-7074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.60
3.330	Nonpriority creditor's name and mailing address Quest Diagnostics PO Box 740709 Atlanta, GA 30374-0709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,093.39
3.331	Nonpriority creditor's name and mailing address Refund Insurance c/o Eastern Niagara Hospital 521 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136,263.97
3.332	Nonpriority creditor's name and mailing address Refund Medent Patient c/o Eastern Niagara Hospital 521 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$514.01

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.333	Nonpriority creditor's name and mailing address Refund Patient c/o Eastern Niagara Hospital 421 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,220.71
3.334	Nonpriority creditor's name and mailing address Rel Comm Inc. 250 Cumberland Street Suite 214 Rochester, NY 14605-2801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,935.25
3.335	Nonpriority creditor's name and mailing address Reliant Medical Equipment 3807 Harlem Road Buffalo, NY 14215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.00
3.336	Nonpriority creditor's name and mailing address Relias LLC PO Box 74008620 Chicago, IL 60674-8620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,331.92
3.337	Nonpriority creditor's name and mailing address Revint Solutions 6 Hillman Drive Suite 100 Chadds Ford, PA 19317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.338	Nonpriority creditor's name and mailing address Ronco Specialized Systems Inc. 84 Grand Island Boulevard Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,505.75
3.339	Nonpriority creditor's name and mailing address RR Donnelley 300 Lang Road Grand Island, NY 14072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.82

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.340	Nonpriority creditor's name and mailing address Russ Medical Specialties PO Box 997 Wilmington, NC 28402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.80
3.341	Nonpriority creditor's name and mailing address S & S Worldwide Inc. PO Box 513 Colchester, CT 06415-0513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,167.12
3.342	Nonpriority creditor's name and mailing address Safeguard Business Systems, Inc. 12000 Ford Road, Suite 300 Dallas, TX 75234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,241.92
3.343	Nonpriority creditor's name and mailing address Sanofi Pasteur INC Discovery Drive, Route 611 PO Box 187 Swiftwater, PA 18370 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,794.94
3.344	Nonpriority creditor's name and mailing address Schaefer Plumbing Supply Co. Inc. 68 Market Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.85
3.345	Nonpriority creditor's name and mailing address Schlinder Elevator Corp. 80 Curtwright Drive, Suite 3 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,296.28
3.346	Nonpriority creditor's name and mailing address Security Credit Systems 100 River Rock Drive Suite 200 Buffalo, NY 14207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.75

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.347	Nonpriority creditor's name and mailing address Sheathing Technologies Inc. 675 Jarvis Drive Morgan Hill, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.02
3.348	Nonpriority creditor's name and mailing address Shred-It USA LLC 400 Riverwalk Parkway, #300 Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,468.65
3.349	Nonpriority creditor's name and mailing address Siemens Bldg Technologies 85 Northpointe Parkway Suite 8 Buffalo, NY 14228-1886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,224.66
3.350	Nonpriority creditor's name and mailing address Siemens Financial Services Inc. 170 Wood Avenue South, 7th Floor Iselin, NJ 08830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,867.12
3.351	Nonpriority creditor's name and mailing address Siemens Healthcare Diagnostics Inc. 40 Liberty Boulevard Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,513.47
3.352	Nonpriority creditor's name and mailing address Siemens Medical Solutions USA Inc. 40 Liberty Boulevard Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number <u>1723</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153,158.00
3.353	Nonpriority creditor's name and mailing address SJB Services Inc. 5167 South Park Avenue Hamburg, NY 14075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.354	Nonpriority creditor's name and mailing address Smart Surgical Inc. 3501 West Elder Street Suite 104 Boise, ID 83705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,800.00
3.355	Nonpriority creditor's name and mailing address Smith Medical ASD, Inc. 226 West Street Keene, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.79
3.356	Nonpriority creditor's name and mailing address Smith Nephew Endoscopy 15 Minuteman Drive Andover, MA 01810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,964.77
3.357	Nonpriority creditor's name and mailing address Smith Nephew Orthopedic 1450 Brooks Road Memphis, TN 38116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,004.42
3.358	Nonpriority creditor's name and mailing address Sofat, M.D., Suresh 64 Davison Court Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$520.00
3.359	Nonpriority creditor's name and mailing address Spalding Hardware 215 Davison Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$423.99
3.360	Nonpriority creditor's name and mailing address Spectrum f/k/a TimeWarner Cable 2604 Seneca Avenue Niagara Falls, NY 14305-3299 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394.99

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.361	Nonpriority creditor's name and mailing address Spinal Elements 1755 West Oak Parkway Marietta, GA 30062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.362	Nonpriority creditor's name and mailing address Spinal USA Inc. 2050 Executive Drive Pearl, MS 39208 Date(s) debt was incurred ____ Last 4 digits of account number 2562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208,711.00
3.363	Nonpriority creditor's name and mailing address Spok Inc. 3000 Technology Way Suite 400 Plano, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.96
3.364	Nonpriority creditor's name and mailing address SPS Medical Supply Corp 6789 W Henrietta Road Rush, NY 14543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$770.50
3.365	Nonpriority creditor's name and mailing address Stahl M.D., David 21 North Main Street Middleport, NY 14105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.86
3.366	Nonpriority creditor's name and mailing address Statlab Medical Products 2090 Commerce Drive McKinney, TX 75069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$555.06
3.367	Nonpriority creditor's name and mailing address Stericycle, Inc. 910 East 138th Street Bronx, NY 10454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,222.30

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.368	Nonpriority creditor's name and mailing address Steris Corporation 5960 Heisley Road Mentor, OH 44060-1834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,104.13
3.369	Nonpriority creditor's name and mailing address Strate Welding Supply Co. 6776 N Canal Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.46
3.370	Nonpriority creditor's name and mailing address Stryker Instruments 2825 Airview Boulevard Portage, MI 49002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.371	Nonpriority creditor's name and mailing address Stryker Orthopaedics 325 Corporate Drive Mahwah, NJ 07430 Date(s) debt was incurred ____ Last 4 digits of account number <u>1008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$414,157.20
3.372	Nonpriority creditor's name and mailing address Stryker Sales Corp. 21343 Network Plaza Chicago, IL 60673-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,952.54
3.373	Nonpriority creditor's name and mailing address Stuart Sports, Inc. 486 Center Street Lewiston, NY 14092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.374	Nonpriority creditor's name and mailing address Summit Print & Mail LLC 6042 Old Beattie Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.36

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.375	Nonpriority creditor's name and mailing address Symmetry Surgical, Inc. 3034 Owen Drive Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,264.29
3.376	Nonpriority creditor's name and mailing address Synergy Global Solutions, Inc. 7871 Lehigh Crossing Drive, #1 Victor, NY 14564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,405.00
3.377	Nonpriority creditor's name and mailing address Synthes USA, LLC 1302 Wrights Lane East West Chester, PA 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,664.00
3.378	Nonpriority creditor's name and mailing address Teamviewer Germany GMBH PO Box 743135 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,388.00
3.379	Nonpriority creditor's name and mailing address Tela Bio Inc. One Great Valley Parkway Suite 24 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,520.00
3.380	Nonpriority creditor's name and mailing address Teleflex Funding LLC 3015 Carrington Mill Boulevard Morrisville, NC 27560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,332.41
3.381	Nonpriority creditor's name and mailing address Teleflex Medical Inc. PO Box 12600 2917 Weck Drive Durham, NC 27709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,855.20

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.382	Nonpriority creditor's name and mailing address The Drain Doctor 1400 College Avenue Niagara Falls, NY 14305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,160.00
3.383	Nonpriority creditor's name and mailing address The Sherwin Williams Co. 5871 South Transit Road Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.88
3.384	Nonpriority creditor's name and mailing address Thomas Reuters West 610 Opperman Drive Saint Paul, MN 55123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.43
3.385	Nonpriority creditor's name and mailing address Timkey Enterprises 301 Walnut Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,913.00
3.386	Nonpriority creditor's name and mailing address Tops Market LLC 6592 Payshpere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.05
3.387	Nonpriority creditor's name and mailing address Town & Country Club 717 East Avenue Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.388	Nonpriority creditor's name and mailing address Transunion Healthcare Inc. 33206 Collection Center Drive Chicago, IL 60693-0331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,619.01

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.389	Nonpriority creditor's name and mailing address Tremco WNY PO Box 104 Lancaster, NY 14086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00
3.390	Nonpriority creditor's name and mailing address Tri - Anim Health Services 5000 Tuttle Crossing Boulevard PO Box 8023 Dublin, OH 43016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,232.79
3.391	Nonpriority creditor's name and mailing address Tri-Delta Resources Corp. 15 North Street Canandaigua, NY 14424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.00
3.392	Nonpriority creditor's name and mailing address Trimedx Health Care Equipment 5451 Lakeview Parkway South Drive Indianapolis, IN 46268 Date(s) debt was incurred ____ Last 4 digits of account number 0108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121,961.00
3.393	Nonpriority creditor's name and mailing address Tru Quality Medical Inc. P.O. Box 1187 Kennett Square, PA 19348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.00
3.394	Nonpriority creditor's name and mailing address Trusted Nurse Staffing LLC 500 Seneca Street Suite 501 Buffalo, NY 14204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,427.50
3.395	Nonpriority creditor's name and mailing address TVTC Safety Training Centers 100 Safety Way Decatur, AL 35601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$800.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known)

1-20-10903-CLB

3.396	Nonpriority creditor's name and mailing address Twin City Ambulance Corp PO Box 536032 Pittsburgh, PA 15253-5902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,271.07
3.397	Nonpriority creditor's name and mailing address U&S Services, Inc. f/k/a SmartEdge 95 Stark Street Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,074.70
3.398	Nonpriority creditor's name and mailing address Ulrich Sign Co. 177 Oakhurst Street Lockport, NY 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
3.399	Nonpriority creditor's name and mailing address Unifirst Corporation 68 Jonspin Road Wilmington, MA 01887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,126.96
3.400	Nonpriority creditor's name and mailing address United Parcel Service PO Box 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,160.20
3.401	Nonpriority creditor's name and mailing address United States Postal Service / NeoPost 400 White Clay Center Drive Newark, DE 19711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,020.20
3.402	Nonpriority creditor's name and mailing address University at Buffalo Surgeons Inc. 100 High Street Buffalo, NY 14203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.403	Nonpriority creditor's name and mailing address University Emergency Medical Services 77 Goodell Street, Suite 340 Buffalo, NY 14203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,001.79
3.404	Nonpriority creditor's name and mailing address Upstate Niagara Cooperative Inc. 1730 Dale Road Buffalo, NY 14225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,435.44
3.405	Nonpriority creditor's name and mailing address Uresil 5418 West Touhy Avenue Skokie, IL 60077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
3.406	Nonpriority creditor's name and mailing address US Foodservice 125 Gardenville Parkway West Buffalo, NY 14224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,614.52
3.407	Nonpriority creditor's name and mailing address Usherwood Office Technology 2595 Brighton Henrietta Town Line Road Rochester, NY 14623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,052.60
3.408	Nonpriority creditor's name and mailing address Utah Medical Products Inc. 7043 South 300 West Midvale, UT 84047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,244.00
3.409	Nonpriority creditor's name and mailing address Valley Surgical 633 South Andrews Avenue Suite 400 Fort Lauderdale, FL 33301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,395.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.410	Nonpriority creditor's name and mailing address Vapotherm Inc. 100 Domain Drive Exeter, NH 03833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,155.00
3.411	Nonpriority creditor's name and mailing address Verizon PO Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.412	Nonpriority creditor's name and mailing address VRP NY P.A. 25983 Network Place Chicago, IL 60673-1259 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,926.50
3.413	Nonpriority creditor's name and mailing address WB Mason Co Inc. 59 Centre Street Brockton, MA 02303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,127.17
3.414	Nonpriority creditor's name and mailing address Wendel Architects & Engineers 375 Essjay Road, Suite 200 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,161.99
3.415	Nonpriority creditor's name and mailing address Werfen USA LLC 180 Hartwell Road Bedford, MA 01730-2443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,965.27
3.416	Nonpriority creditor's name and mailing address West Coast Medical Resources 520 Howard Court Clearwater, FL 33756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,847.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.417	Nonpriority creditor's name and mailing address Western New York Urology PO Box 8000 Dept 118 Buffalo, NY 14267-0002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,400.00
3.418	Nonpriority creditor's name and mailing address Wilson's Pizza 2730 Main Street Newfane, NY 14108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,740.00
3.419	Nonpriority creditor's name and mailing address Windstream PO Box 9001013 Louisville, KY 40290-1013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.420	Nonpriority creditor's name and mailing address WNY Medical Practice PC 1425 Portland Avenue Rochester, NY 14621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,620.00
3.421	Nonpriority creditor's name and mailing address Wolters Kluwer Clinical Drug 1100 Terex Road Hudson, OH 44236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,142.49
3.422	Nonpriority creditor's name and mailing address X-Cell Laboratories of WNY Inc. 20 Northpointe Parkway, Suite 100 Buffalo, NY 14228 Date(s) debt was incurred ____ Last 4 digits of account number <u>4215</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,140.38
3.423	Nonpriority creditor's name and mailing address Xodus Medical Inc. 702 Prominence Drive New Kensington, PA 15068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,042.00

Debtor **Eastern Niagara Hospital, Inc.**
Name

Case number (if known) **1-20-10903-CLB**

3.424 Nonpriority creditor's name and mailing address

**Z-Medica
4 Fairfield Boulevard
Wallingford, CT 06492**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$615.49

3.425 Nonpriority creditor's name and mailing address

**Zerowet, Inc.
PO Box 4375
Palos Verdes Peninsula, CA 90274**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$135.50

3.426 Nonpriority creditor's name and mailing address

**Zimmer Biomet Spine Inc.
1800 West Center Street
Bldg 5 MS-5162
Warsaw, IN 46580**

Date(s) debt was incurred _

Last 4 digits of account number **2979**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$129,913.75

3.427 Nonpriority creditor's name and mailing address

**Zimmer USA
358 Sonwil Drive
Buffalo, NY 14222-5552**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$1,699.73

3.428 Nonpriority creditor's name and mailing address

**Zoll Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$311.35

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 2,336,344.19
5b. +	\$ 37,835,144.65

5c.	\$ 40,171,488.84
-----	------------------

Fill in this information to identify the case:

Debtor name **Eastern Niagara Hospital, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**

Case number (if known) **1-20-10903-CLB**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lockport - Collective Bargaining Agreement 4/1/2018 - 4/1/2021**

State the term remaining

List the contract number of any government contract

**1199 SEIU United Healthcare Workers East
310 West 43rd Street
New York, NY 10036**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Administration (RELIAS)**

State the term remaining

List the contract number of any government contract

**AHC Media LLC
PO Box 74008620
Chicago, IL 60674-8620**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Centurian Machines Cataract equipment contract**

State the term remaining

List the contract number of any government contract

**Alcon Laboratories Inc.
6201 South Freeway
Fort Worth, TX 76134-2099**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Fire safety contract**

State the term remaining

List the contract number of any government contract

**All State Fire Equipment of WNY
400 Mineral Springs Road
Buffalo, NY 14224**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Hazardous and Non-Hazardous Pharmaceuticals contract

State the term remaining

List the contract number of any government contract

**BioServ
10 Gramar Avenue
Prospect, CT 06712**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Radiology contract

State the term remaining

List the contract number of any government contract

**Carestream Health Inc.
150 Verona Street
Rochester, NY 14608**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Cooling Tower contract

State the term remaining

List the contract number of any government contract

**Chem-Aqua
PO Box 152170
Irving, TX 75015**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Union Agreement

State the term remaining

4/1/2016 - 7/31/2020

List the contract number of any government contract

**Civil Service Employees Association, Inc
Local #1000, AFSCME, AFL-CIO
on behalf of Local #716
143 Washington Street
Albany, NY 12210**

2.9. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Community Computer Service Inc.
15 Hulbert Street
Auburn, NY 13021**

2.10. State what the contract or lease is for and the nature of the debtor's interest

Emergency Generator maintenance contract

State the term remaining

List the contract number of any government contract

**Cummins Northeast
700 Aero Drive
Buffalo, NY 14225**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Fire Alarm System maintenance contract**

State the term remaining

List the contract number of any government contract

**Davis-Ulmer Sprinkler Co.
Attn: Dennis Metz
One Commerce Drive
Buffalo, NY 14228-2395**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Pest removal contract**

State the term remaining

List the contract number of any government contract

**Ehrlich Co. Inc.
505 Duke Road, Suite 300
Buffalo, NY 14225**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Water Filter for Surgery contract**

State the term remaining

List the contract number of any government contract

**Evoqua Water Technologies LLC
Attn: Legal Department
210 Sixth Avenue, Suite 3300
Pittsburgh, PA 15222**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **Loan contract for 2016 Silver Ford Escape - Balance \$5,657.27**

State the term remaining

List the contract number of any government contract

**Ford Credit
Attn: Customer Service Center
P.O. Box 542000
Omaha, NE 68154-8000**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Check overlays for AP and Payroll contract**

State the term remaining

List the contract number of any government contract

**FormFast Inc.
13421 Manchester Road
Suite 208
Saint Louis, MO 63131**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Radiology equipment contract**

**GE Healthcare
80 Woodster Heights Road
Danbury, CT 06810-7549**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Chiller services agreement**

State the term remaining

List the contract number of any government contract _____

Gerster Trane (Trane U.S. Inc.)
45 Earhart Drive
Suite 103
Buffalo, NY 14221

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **PM maintenance contract**

State the term remaining

List the contract number of any government contract _____

Gerster Trane (Trane USA Inc.)
45 Earhart Drive
Suite 103
Buffalo, NY 14221

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Severance Agreement dated June 22, 2018**

State the term remaining

List the contract number of any government contract _____

Haar, Clare A.
900 Delaware Avenue, #301
Buffalo, NY 14209

- 2.20. State what the contract or lease is for and the nature of the debtor's interest **IT contract**

State the term remaining

List the contract number of any government contract _____

Inland Northwest Health Services Inc.
601 West 1st Avenue
Spokane, WA 99201

- 2.21. State what the contract or lease is for and the nature of the debtor's interest **Union Collective Bargaining Agreement**

State the term remaining

List the contract number of any government contract _____

1/1/2018 - 12/31/2020

International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW Local 55
35 George Karl Boulevard, Suite 300
Buffalo, NY 14221

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Self Pay Collections**

State the term remaining **1/31/2019-1/30/2020**

List the contract number of any government contract _____

**Ivar, LLC d/b/a CaptureNet
Attn: Bryan Healy, Managing Member
4835 East Cactus Road, Suite 430
Scottsdale, AZ 85254**

2.23. State what the contract or lease is for and the nature of the debtor's interest **ST100X (Sterrad Sterilizer) equipment contract**

State the term remaining _____

List the contract number of any government contract _____

**J & J Health Care Systems
425 Hoes Lane
Piscataway, NJ 08855-6800**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Affiliation Agreement**

State the term remaining **4/7/2016-perpetual**

List the contract number of any government contract _____

**Kaleida Health Dept of Finance
726 Exchange Street
Suite 200
Buffalo, NY 14210**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Laparoscopy Tower - Surgery - Balance \$66,157.53**

State the term remaining _____

List the contract number of any government contract _____

**Karl Storz Capital
1111 Old Eagle School Road
Wayne, PA 19087**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Snowplowing contract**

State the term remaining _____

List the contract number of any government contract _____

**Lawns Unlimited Landscaping
2344 Hess Road
Appleton, NY 14008**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Secure paging for doctors contract**

State the term remaining _____

List the contract number of any government contract _____

**MaxMD
2200 Fletcher Avenue, Suite 506
Fort Lee, NJ 07024-5063**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.28. State what the contract or lease is for and the nature of the debtor's interest **Autoverification system and dashboard contract**

State the term remaining

List the contract number of any government contract

**McKesson Medical-Surgical Inc.
9954 Mayland Drive, Suite 4000
Henrico, VA 23228-1484**

- 2.29. State what the contract or lease is for and the nature of the debtor's interest **Medtech contract**

State the term remaining

List the contract number of any government contract

**Medical Information Technology, Inc.
Meditech Circle
Westwood, MA 02090**

- 2.30. State what the contract or lease is for and the nature of the debtor's interest **Computer software maintenance contract**

State the term remaining

List the contract number of any government contract

**Micro Focus Software Inc.
PO Box 641025
Pittsburgh, PA 15264-1025**

- 2.31. State what the contract or lease is for and the nature of the debtor's interest **Radiology equipment contract**

State the term remaining

List the contract number of any government contract

**Milligray & Associates
2141 Williston Heights
Marilla, NY 14102-9717**

- 2.32. State what the contract or lease is for and the nature of the debtor's interest **Telemetry Monitors (2 North & ICU) - Balance \$94,951.94**

State the term remaining

List the contract number of any government contract

**Mindray DS USA Inc.
1300 MacArthur Boulevard
Mahwah, NJ 07430**

- 2.33. State what the contract or lease is for and the nature of the debtor's interest **IT contract**

**Nuance Communications
One Wayside Drive
Burlington, MA 01803**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Radiology equipment contract**

State the term remaining

List the contract number of any government contract _____

**NY Imaging
1 D'Alfonso Road
Newburgh, NY 12550**

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Union Contract**

State the term remaining

7/1/2018-6/30/2021

List the contract number of any government contract _____

**NYS Nurses Association
155 Washington Avenue
Suite 201
Albany, NY 12210**

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Prescription drug system contract**

State the term remaining

List the contract number of any government contract _____

**Omniceil Inc.
509 East Middlefield Road
Mountain View, CA 94043**

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Miscellaneous Equipment - Balance \$262,452.99**

State the term remaining

List the contract number of any government contract _____

**Pantheon Capital LLC
Crossroads Corporate Center
1 International Boulevard, Suite 624
Mahwah, NJ 07495**

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **Miscellaneous Equipment - Balance \$74,962.15**

State the term remaining

List the contract number of any government contract _____

**Pantheon Capital LLC
Crossroads Corporate Center
1 International Boulevard, Suite 624
Mahwah, NJ 07495**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.39. State what the contract or lease is for and the nature of the debtor's interest **Check Sealer service contract**

State the term remaining **6/15/2019-6/14/2020**

List the contract number of any government contract _____

**Peak-Ryzex Inc.
10330 Old Columbia Road
Columbia, MD 21046**

2.40. State what the contract or lease is for and the nature of the debtor's interest **Union Contract**

State the term remaining **10/1/2013-9/30/2020**

List the contract number of any government contract _____

**PEF (SEIU)
PO Box 2665
New York, NY 10108**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Maintenance contract**

State the term remaining _____

List the contract number of any government contract _____

**Schlinder Elevator Corp.
80 Curtwright Drive, Suite 3
Williamsville, NY 14221**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Document shredding contract**

State the term remaining _____

List the contract number of any government contract _____

**Shred-It USA LLC
440 Lawrence Bell Drive, #300
Tonawanda, NY 14150**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Mammomat Inspiration equipment contract - Balance \$102,865.76**

State the term remaining _____

List the contract number of any government contract _____

**Siemens Financial Services, Inc.
170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Ultrasound Acuson S1000 equipment contract - Balance \$26,330.72**

State the term remaining _____

List the contract number of any government contract _____

**Siemens Financial Services, Inc.
170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest

Ultrasound S1000 equipment contract - Balance \$26,330.72

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.
170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

2.46. State what the contract or lease is for and the nature of the debtor's interest

Ultrasound Acuson S2000 equipment contract - Balance \$31,297.57

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.
170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

2.47. State what the contract or lease is for and the nature of the debtor's interest

Ultrasound S2000 equipment contract - Balance \$29,602.21

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.
170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

2.48. State what the contract or lease is for and the nature of the debtor's interest

DX Vista 500 equipment contract - Balance \$16,283.14

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.
170 Wood Avenue South
7th Floor
Iselin, NJ 08830**

2.49. State what the contract or lease is for and the nature of the debtor's interest

Radiology PM

State the term remaining

List the contract number of any government contract

**Siemens Healthcare Diagnostics Inc.
40 Liberty Boulevard
Malvern, PA 19355**

2.50. State what the contract or lease is for and the nature of the debtor's interest

Lab contract**Siemens Medical Solutions USA Inc.
c/o Siemens Healthcare
40 Liberty Boulevard
Malvern, PA 19355**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.51. State what the contract or lease is for and the nature of the debtor's interest **Bio System contract**

State the term remaining

List the contract number of any government contract _____

Stericycle
910 East 138th Street
Bronx, NY 10454

- 2.52. State what the contract or lease is for and the nature of the debtor's interest **Sterilization System contract**

State the term remaining

List the contract number of any government contract _____

Steris Corporation
5960 Heisley Road
Mentor, OH 44060-1834

- 2.53. State what the contract or lease is for and the nature of the debtor's interest **Pro Care Stryker equipment contract**

State the term remaining

List the contract number of any government contract _____

Stryker Instruments
2825 Airview Boulevard
Portage, MI 49002

- 2.54. State what the contract or lease is for and the nature of the debtor's interest **PM server maintenance contract**

State the term remaining

List the contract number of any government contract _____

Synergy Global Solutions, Inc.
7871 Lehigh Crossing Drive, #1
Victor, NY 14564

- 2.55. State what the contract or lease is for and the nature of the debtor's interest **Building Control Services contract**

State the term remaining

List the contract number of any government contract _____

U&S Services, Inc.
f/k/a SmartEdge
95 Stark Street
Tonawanda, NY 14150

Fill in this information to identify the case:Debtor name **Eastern Niagara Hospital, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**Case number (if known) **1-20-10903-CLB**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.2

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.3

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.4

Street

City

State

Zip Code

☐ D☐ E/F☐ G

Advanced Sterilization Products
33 Technology Drive
Irvine, CA 92618

Agility Health Inc.
6625 West 78th Street, Suite 300
Minneapolis, MN 55439

AIV Inc.
7485 Shipley Avenue
Harmans, MD 21077

Alere Toxicology Services Inc.
1111 Newton Street
Gretna, LA 70053

Applied Medical Technologies
8006 Katherine Boulevard
Brecksville, OH 44141

Audiomedtric Technology
90 Earhart Drive, Suite 2
Buffalo, NY 14221

Benoit Security Inc.
7736 West Somerset Road
Appleton, NY 14008

Brightview Radiology
210 West 101st Street, #10C
New York, NY 10025

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5 Overlook Park
Lancaster, NY 14086

Buffalo Expert Service Tech.
3003 Genesee Street
Buffalo, NY 14225

Buffalo Hotel Supply
PO Box 646
Buffalo, NY 14226-0646

Cafora's
2885 Main Street
Newfane, NY 14108

Cicero Consulting Associates
925 Westchester Avenue, Suite 201
White Plains, NY 10604

CR Bard
8195 Industrial Boulevard
Covington, GA 30014

CR Bard
100 Crossings Boulevard
Warwick, RI 02886

CR Bard
605 North 5600 West
Salt Lake City, UT 84116

CR Bard
1415 West 3rd Street
Tempe, AZ 85281

Crooks, David M.D.
42 Countryside Lane
Depew, NY 14043

Crystal Rock
6750 Discovery Boulevard
Mableton, GA 30126

Depuy Inc.
5972 Collections Center Drive
Chicago, IL 60693

Dey, Manjushree M.D.
734 Davison Road
Lockport, NY 14094

E&L Repair
5998 Walnut Street
Newfane, NY 14108

Eastern Niagara Medical Group PC
534 Main Street
Medina, NY 14103

Ecolab HCS/Microtek Medical
PO Box 911633
Dallas, TX 75391-1633

EMSL Analytical Inc.
200 Route 130 North
Cinnaminson, NJ 08077

Engage It
1801 Lind Avenue SW
Renton, WA 98057

Erie County Medical Center
462 Grider Street
Buffalo, NY 14215

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Fetterman, Charles J. M.D.
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Lockport, NY 14094

Freudenberg Medical LLC
1110 Mark Avenue
Carpinteria, CA 93013

GE Healthcare
80 Woodster Heights Road
Danbury, CT 06810-7549

GI Supply
5069 Ritter Road, Suite 104
Mechanicsburg, PA 17055

Great Lakes Medical Imaging LLC
199 Park Club Lane, Suite 300
Williamsville, NY 14221

Hodge, Robert W. M.D.
8842 Haseley Road
Gasport, NY 14067

Home Depot Credit Services
250 Campus Drive
Marlborough, MA 01752

Hovertech
4482 Innovation Way
Allentown, PA 18109

HSBC Business Solutions
PO Box 5229
Carol Stream, IL 60197

Innovative Blood Resources
CB-0008, PO Box 1164
Minneapolis, MN 55480-1164

Ivar, LLC d/b/a CaptureNet
Attn: Bryan Healy, Managing Member
4835 East Cactus Road, Suite 430
Scottsdale, AZ 85254

J.J. Keller & Associates Inc.
PO Box 6609
Carol Stream, IL 60197-6609

Johnson, Eric M.D.
59 West Avenue
Brockport, NY 14420

Latina Boulevard Foods, LLC
1 Scrivner Drive
Buffalo, NY 14227

Lopez, Oscar S. M.D. P.C.
42 Brookshire Court
East Amherst, NY 14051

Lopez, Philip M.D. / MRO Express
3501 SW 185th Avenue
Hollywood, FL 33029

Med-Label
4 Briarhurst Drive
Flanders, NJ 07836

Mercy Flight Inc.
PO Box 535
Baldwinsville, NY 13027

Micro-Aire
2400 Austin Drive
Charlottesville, VA 22911

Mindray Capital
PO Box 24245
Seattle, WA 98124-0245

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Niagara Gazette
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Niagara Falls, NY 14301

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Performance Health
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Warrenville, IL 60555

Pfizer Inc.
PO Box 417510
Boston, MA 02241-7510

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Schaefer Plumbing Supply Co. Inc.
68 Market Street
Lockport, NY 14094

Schratz, Jeffrey M.D.
160 East Avenue
Lockport, NY 14094

Security Credit Systems
100 River Rock Drive
Suite 200
Buffalo, NY 14207

Sheathing Technologies Inc.
675 Jarvis Drive
Morgan Hill, CA 95037

Spok Inc.
3000 Technology Way
Suite 400
Plano, TX 75074

Teleflex Funding LLC
3015 Carrington Mill Boulevard
Morrisville, NC 27560

The Sherwin Williams Co.
5871 South Transit Road
Lockport, NY 14094

Thomas Reuters West
610 Opperman Drive
Eagan, MN 55123

Timkey Enterprises
301 Walnut Street
Lockport, NY 14094

Tops Market LLC
6592 Payshpere Circle
Chicago, IL 60674

Town & Country Club
717 East Avenue
Lockport, NY 14094

TVTC Safety Training Centers
100 Safety Way
Decatur, AL 35601

United States Postal Service / NeoPost
400 White Clay Center Drive
Newark, DE 19711

University Emergency Medical Services
77 Goodell Street, Suite 340
Buffalo, NY 14203

Utah Medical Products Inc.
7043 South 300 West
Midvale, UT 84047

Valley Surgical
633 South Andrews Avenue
Suite 400
Fort Lauderdale, FL 33301

Western New York Urology
PO Box 8000 Dept 118
Buffalo, NY 14267-0002

Wilson's Pizza
2730 Main Street
Newfane, NY 14108

Wolters Kluwer Clinical Drug
1100 Terex Road
Hudson, OH 44236

Z-Medica
4 Fairfield Boulevard
Wallingford, CT 06492

Zerowet, Inc.
PO Box 4375
Palos Verdes Peninsula, CA 90274

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Clarence Center, NY 14032

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269 Mill Road
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